

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HA	531	
O.I.P.E. CLASSIFIER		8	02-22-00
FORMALITY REVIEW		40003	3/20/00
RESPONSE FORMALITY REVIEW		21776	5/2/00

INDEX OF CLAIMS

BEST AVAILABLE COPY

✓ \_\_\_\_\_ Rejected N \_\_\_\_\_ Non-elected  
 \_\_\_\_\_ Allowed I \_\_\_\_\_ Interference  
 (Through number) \_\_\_\_\_ Canceled A \_\_\_\_\_ Appeal  
 \_\_\_\_\_ Restricted O \_\_\_\_\_ Objected

09/489,711

Claim	Date	Claim	Date	Claim	Date
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
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42		92		142	
43		93		143	
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46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

If more than 150 claims or 10 actions  
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